

## HACCP Plan Form

PMA/510(k) #: \_\_\_\_\_ Class: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Product Description: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Method of Storage and Distribution: \_\_\_\_\_

Intended Use and Consumer: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Date issued: \_\_\_\_\_

Design ref. #: \_\_\_\_\_

Revision #: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Effective date: \_\_\_\_\_

Revision #: \_\_\_\_\_

| (1)<br>Essential Control<br>Point (ECP) | (2)<br>Significant Hazards | (3)<br>Essential Limits<br>for each Preventive<br>Measure | (4) (5) (6) (7)<br>Monitoring |     |           |     | (8)<br>Corrective<br>Actions(s) | (9)<br>Verification | (10)<br>Records |
|---|----------------------------|---|-------------------------------|-----|-----------|-----|---------------------------------|---------------------|-----------------|
|   |                            |   | What                          | How | Frequency | Who |                                 |                     |                 |
|   |                            |   |                               |     |           |     |                                 |                     |                 |

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